



3623/15

PTO/SB/17 (08-03)

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FEE TRANSMITTAL for FY 2003		Complete if Known	
Effective 01/01/2003, Patent fees are subject to annual revision.		Application Number	09/705,486
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 3, 2000
		First Named Inventor	Joseph Gendler
		Examiner Name	E. Shaffer
		Art Unit	3623
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	J2167.0166/P166
948.00			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP		Large Entity Small Entity	
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)	
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
Fee Code Fee (\$)			
Fee Description			
Fee Paid			
1001 750 2001 375 Utility filing fee			
1002 330 2002 165 Design filing fee			
1003 520 2003 260 Plant filing fee			
1004 750 2004 375 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 67 ** = 1 x 18 = \$18.00			
Independent Claims 3 ** = 0 x =			
Multiple Dependent =			
Large Entity Small Entity			
Fee Code Fee (\$)			
Fee Code Fee (\$)			
Fee Description			
1202 18 2202 9 Claims in excess of 20			
1201 84 2201 42 Independent claims in excess of 3			
1203 280 2203 140 Multiple dependent claim, if not paid			
1204 84 2204 42 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		18.00	
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type) Michael J. Scherer		Registration No. 34,425	
Signature Michael J. Scherer		Telephone (212) 896-5472	
		Date September 3, 2003	

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